

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LEGACY (THE) (0010871)

Address: 1025 BELL AVE, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 03/01/2006

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0095539 **End Date:** 08/22/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008277 Served 09/20/2005

Deficiencies Cited

Subject Area

Compliance
Verified

Corrected

50.065(2)(b)intro

ENTITY BACKGROUND CHECK REQUIREMENTS

83.13(7)(a)9

TRAINING AND INSERVICE REQUIREMENTS

83.14(1)(c)

UNIVERSAL PRECAUTIONS

83.14(1)(d)

FIRE SAFETY, FIRST AID & CHOKING

83.21(4)

RIGHTS OF RESIDENTS

83.32(2)(a)

INDIVIDUALIZED SERVICE PLAN-SCOPE

83.35(1)(h)

NO MEALS SERVED IN BEDROOM

83.42(3)(e)

QUARTERLY FIRE DRILLS

Survey ID: 0094230 **End Date:** 03/01/2005 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 09/15/2005 **SOD #**10008277 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.13(7)(a)9
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.42(3)(e)

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